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Message : Re: Our Docket No. 56892 (70904)
U.S. Serial No. 10/052,163

Please enter the attached Amendment and related papers.

Fax

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PTO/SB/17 (12-04-2)

Approved for use through 7/31/2006. OMB 0651-0032

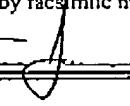
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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Complete if Known		RECEIVED CENTRAL FAX CENTER DEC 14 2005			
FEE TRANSMITTAL For FY 2005		Application Number	10/052,163				
		Filing Date	January 17, 2002				
		First Named Inventor	S. Yoshiura				
		Examiner Name	J. Pokrzywa				
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Art Unit	2622				
TOTAL AMOUNT OF PAYMENT (\$ 300.00)		Attorney Docket No.	56892 (70904)				
METHOD OF PAYMENT (check all that apply)							
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____							
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 04-1105 Deposit Account Name: Edwards & Angell, LLP							
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							
<input type="checkbox"/> Charge fee(s) indicated below		<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee					
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17		<input checked="" type="checkbox"/> Credit any overpayments					
FEES CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fees Paid (\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
2. EXCESS CLAIM FEES							
Fee Description Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) Multiple dependent claims							
50 25 200 100 360 180							
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims			
26	- 20 = 6	x 50.00	= 300.00	Fee (\$)	Fee Paid (\$)		
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)				
3	- 3 = 0	x	=				
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(c)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)			
.....	- 100 =	/50 (round up to a whole number) x	=				
4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): _____							
SUBMITTED BY Signature:  Registration No. (Attorney/Agent) 42,693 Telephone (617) 439-4444 Name (Print/Type) Steven M. Jensen Date December 14, 2005							

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Dated: December 14, 2005

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(Steven M. Jensen)

Docket No. 56892 (70904)

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APPLICANT: S. Yoshiura et al.

U.S. SERIAL NO.: 10/052,163

GROUP: 2622

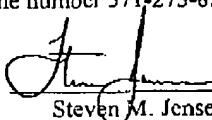
DEC 14 2005

FILED: January 17, 2002

EXAMINER: J. Pokrzewa

FOR: METHOD FOR MANAGING ELECTRONIC APPARATUS,
ELECTRONIC APPARATUS, AND MANAGEMENT SYSTEM FOR
THE SAMECERTIFICATE OF FACSIMILE TRANSMISSION

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By: 
Steven M. Jensen

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

AMENDMENT

Applicants are in receipt of the Office Action dated September 14, 2005 of the above-referenced application. Please amend the application as follows:

Amendments to the claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks begin on page 9 of this paper.

12/15/2005 TL0111 00000036 041105 10052163
01 FC:1202 300.00 DA